

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 198

1. PLACE OF DEATH: Howard
County Cooksville
City or town Life
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State md. County Howard
City or town Cooksville Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Augustus Riggs Bidingier

3. (b) Social Security Number

4. Sex Male 5. Color or race W. 6. (a) Single, married, widowed, or divorced Widowed
6. (b) Name of husband or wife Mary Henrietta Ritter
6. (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Aug. 30 1870
8. AGE: Years 77 Months 9 Days 29 If less than one day hrs. min.

9. Birthplace Cooksville, Howard, Md.
(Town, county, and state)
10. Usual occupation F. farmer
11. Industry or business

12. Name William Otis Bidingier
13. Birthplace Cooksville
14. Maiden name Mary Hobbs
15. Birthplace Cooksville, Md.

16. Informant Mrs. Blanche Pickett
Address Sykesville, Md.
17. Burial Date thereof June 1, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Nickendree
Location Cooksville Md.

18. Funeral director Harry Neer
Address Sykesville Md.
19. 6-2-48 E. Paul Nye
(Date rec'd by registrar) (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29 1948 at 5 P. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 29 1948 to May 29 1948
and that I last saw him alive on May 29 1948
Immediate cause of death

Uremia DURATION 48 hrs
Due to nephrosclerosis 6 mos
Due to arteriosclerosis 5 yrs
Other conditions arteriosclerotic hyper-tension 5 yrs
(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Charles S. Whitaker, M.D.
Address Cooksville, Md. Date signed 5-31-48
M. D. or other

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

891

RECEIVED

JUN 7 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05082

Reg. Dist. No. 190

1. PLACE OF DEATH:

County Howard
 City or town St. Stephens, Elkridge
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Howard
 City or town Elkridge
 (If outside city or town limits, write RURAL and give nearest town)

Street No. Meadowridge Ave. St. Stephens
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Clarence S Blackstone

3. (b) Social Security Number

218-07-8097

4. Sex M 5. Color or race C 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) May 17, 1895

8. AGE: Years 53 Months 0 Days 14 If less than one day
 hrs. min.

9. Birthplace St. Stephens, Elkridge, Md.
 (Town, county, and state)

10. Usual occupation Construction Work

11. Industry or business

12. Name Horace Blackstone13. Birthplace Md14. Maiden name Ella L. Jackson15. Birthplace Md

16. Informant Maude B. Pierson
 Address Elkridge, Md.

17. Burial Date thereof 6-3-48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory BlackstoneLocation St. Stephens, Elkridge, Md.18. Funeral director E.C. HiginbothamAddress Ellicott City, Md.

19. June 3 19 48 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31 19 48 at 5 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 31 19 48 to May 31 19 48
 and that I last saw him alive on at no time 19 48

Immediate cause of death Compromised fracture of skull
 DURATION 10 min

Due to Fall

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: Accident Date of 5-31-48
 Accident, suicide, or homicide

Where did injury occur? Elkridge, Howard Md
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) HomeMeans of injury Fall Injured at work? yes

23. SIGNATURE Agnes M. Herbert M. D. or other
 Address Ellicott City, Md Date signed 6-2-48

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JUN 4 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05083

131a

Reg. Dist. No. 194

1. PLACE OF DEATH:

County HowardCity or town Simpsonville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County HowardCity or town Simpsonville
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Annie Rebecca Boardley

3. (b) Social Security Number

None

4. Sex

F

5. Color or race

C

6.(a) Single, married, widowed, or divorced

Married6.(b) Name of husband or wife Walter Boardley

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) March 15, 1886

8. AGE:

Years

Months

Days

If less than one day

62123

hrs.

min.

9. Birthplace Howard County, Md.
(Town, county, and state)10. Usual occupation At Home

11. Industry or business

12. Name Matsford Gibson13. Birthplace Md14. Maiden name Nellie Miles15. Birthplace Md16. Informant Rosa PowellAddress Washington, D.C.17. Burial Date thereof May 11, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Locust ChapelLocation Atholton, Md.18. Funeral director F.C. HiginbothamAddress Ellicott City, Md.19. May 9 19 48
(Date rec'd by registrar)Mario A. Whitaker
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8 19 48 at 12.40A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

September 9, 46 to May 7 19 48
and that I last saw h. er alive on May 7 19 48

Immediate cause of death

Coronary artery occlusion

DURATION

16 hrs

Due to

Due to

Other conditions

Hypertensive cardio-vascular renal disease 5 yrs.
(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury

Injured at work?

23. SIGNATURE Charles S. Whitaker, M.D.

M. D. or other

Clarksville, Md. Date signed 5-9-48

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MAY 12 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05084

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH:

County Howard
City or town Ellicott City
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 17 daysHospital, institution, or street address where death occurred:
Pinel ClinicHow long in hospital or institution? 17 days

3. (a) FULL NAME

Anna Smith Dixon

3. (b) Social Security Number

- - - - -

4. Sex

Female

5. Color or race

white

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Harrison Bowdler Dixon
(Died 1921)

7. Birth date of deceased (mo., day, yr.)

December 3, 1873.

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

745

hrs.

min.

9. Birthplace

Woolfords, Dorchester Co., Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

William Asplen

13. Birthplace

Maryland

14. Maiden name

Charlotte Linthicum

15. Birthplace

Maryland

16. Informant

Major Harrison Dixon

Address

Tokio, Japan.

17.

(Burial, cremation, or removal. Which?)

Date thereof

May 8, 1948.
(month) (day) (year)

Cemetery or crematory

Old Trinity Cemetery

Location

Church Creek, Dor. Co. Md.

18. Funeral director

LeCompte's Funeral Service

Address

Cambridge, Maryland.

19.

May 6, 1948

19. 48

John B. Loughman
Reg. B. E. 26

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Church Creek
(If outside city or town limits, write RURAL and give nearest town)Street No. Road - Church Creek
(If rural, give LOCATION)

2. (a) If veteran, name war

✓

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4 19 48 at 5:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

4/1819 48to 5/419 48

and that I last saw him alive on

5/419 48

Immediate cause of death

Cerebral Infarction

DURATION

1 day

Due to

Cerebral arteriosclerosis

?

Due to

Generalized arteriosclerosis

?

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

0

Date of op.

Autopsy results

0

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Irving J. Taylor M.D.

M. D. or other

Address Ellicott City, Md. Date signed 5/4/48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctness is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAY 11 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 195

1. PLACE OF DEATH:

County HowardCity or town Savage
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 4.2 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

George Albert Dixon

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Clair M. Dixon

7. Birth date of deceased (mo., day, yr.)

August 15, 18846. (c) If alive, give age 64 years

8. AGE:

Years

Months

Days

If less than one day

6399

hrs.

min.

9. Birthplace

Maryland

(Town, county, and state)

10. Usual occupation

Retired crane operator

11. Industry or business

U.S. Navy Yard

FATHER

12. Name

Charles Dixon

13. Birthplace

Maryland

MOTHER

14. Maiden name

Haggie Colson

15. Birthplace

Maryland

16. Informant

Clair M. Dixon

Address

Savage, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

May 27, 1948
(month) (day) (year)

Cemetery or crematory

Savage Cemetery

Location

Savage, Maryland

18. Funeral director

W. W. Donaldson

Address

Laurel, Maryland

19.

5/27/48

(Date rec'd by registrar)

Frank Shipley
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

Howard

City or town

Savage

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

May 24

19..

48 at 8:45 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 24

19..

48 to May 24

19..

and that I last saw him alive on

May 24

19..

Immediate cause of death

Coronary Thrombosis

DURATION

30 min.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Frank ShipleyM.D.

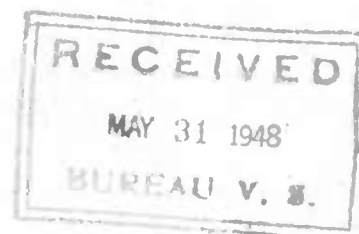
Address

Savage, Md.

Date signed

5/27/48

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH:

County HowardCity or town Ellicott City (Rural)
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County HowardCity or town Ellicott City
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3.(a) FULL NAME

Jefferson D. Dunkel

3.(b) Social Security Number

4. Sex <u>M</u>	5. Color or race <u>W</u>	6.(a) Single, married, widowed, or divorced <u>Single</u>
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6.(b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.) 1861

8. AGE: Years	Months	Days	If less than one day
<u>87</u>			hrs. min.

9. Birthplace Maryland
(Town, county, and state)10. Usual occupation Farmer

11. Industry or business _____

12. Name John L. Dunkel13. Birthplace Maryland14. Maiden name Rebecca Davidge15. Birthplace Maryland16. Informant Louise DunkelAddress Preston Apt. Baltimore, Md17. Burial Date thereof 5-26-48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory St. JohnsLocation Ellicott City, Md.18. Funeral director F.C. HiginbothamAddress Ellicott City, Md.19. May 26 19 48 John B. Lingham, Jr.
(Date rec'd by registrar) (month) (day) (year) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23, 1948 19 48 at 10:00 P21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 18 19 46 to May 23 19 48and that I last saw him alive on May 22 19 48

Immediate cause of death _____ DURATION

Acute cardiac failure 24 hrs.Due to Chronic myocarditis 20 yrs.Due to Atherosclerosis, generalized 30 yrs.

Other conditions _____

(Include pregnancy within 6 months of death)

Major findings of operations _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Charles S. Whitaker, M.D. M.D. or otherAddress Charlesville, Md. Date signed 5-26-48

RECEIVED

MAY 28 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 191

1. PLACE OF DEATH:

County HowardCity or town Simpsonville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County HowardCity or town Simpsonville
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

John Henry Greenfield

3. (b) Social Security Number

?

4. Sex

M

5. Color or race

C

6.(a) Single, married, widowed, or divorced

Separated6.(b) Name of husband or wife Unknown

6.(c) If alive, give age _____ years

7. Birth date of

deceased (mo., day, yr.)

Oct. 4, 1890

8. AGE:

Years

Months

Days

If less than one day

57712

_____ hrs.

_____ min.

9. Birthplace Simpsonville, Howard Co., Md.

(Town, county, and state)

10. Usual occupation

Laborer

11. Industry or business

MOTHER FATHER

12. Name Wesley Greenfield

13. Birthplace

Md14. Maiden name Betty Bruce

15. Birthplace

Md16. Informant Frank GreenfieldAddress 528 N. Bruce St. Balto 23, Md.17. Burial

(Burial, cremation, or removal. Which?)

Date thereof 5-19-48

(month) (day) (year)

Cemetery or crematory Locust ChapelLocation Simpsonville, Md.18. Funeral director F.C. HiginbothamAddress Ellicott City, Md.19. 5/18 19 48
(Date rec'd by registrar)D.W. Hedrick
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17 19 48, at 2 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 17 19 48 to May 17 19 48and that I last saw him alive on at no time 19 48

Immediate cause of death

Incineration

DURATION

Inst

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 5-17-48Where did injury occur? Simpsonville, Howard Co., Md.
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) HomeMeans of Injury House burned Injured at work? No23. SIGNATURE Alpha N. Herbert M.D.
Deputy Medical Examiner for Howard CountyAddress Ellicott City, Md. Date signed 5-17-48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

198

1. PLACE OF DEATH:

County Howard
Woodbine
 City or town (If outside city or town limits, write RURAL and give nearest town)
Life
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Howard
 City or town Woodbine
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

HELEN V. HAINES

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband Melvin V. Haines
 6.(c) If alive, give age 40 years
 7. Birth date of deceased (mo., day, yr.) Dec. 24, 1913
 8. AGE: Years 34 Months 4 Days 17 If less than one day
 9. Birthplace Carroll Co. Maryland
 (Town, county, and state)
 10. Usual occupation Housewife
 11. Industry or business

12. Name Harry Clinton Brightwell
 13. Birthplace Maryland
 14. Maiden name Ella May Allen
 15. Birthplace Maryland

16. Informant Mr. Melvin V. Haines
 Address Woodbine, Md.

17. Burial Church Of God Date thereof 5-13-48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery Winfield, Carroll Co. Md.
 Location C. M. Waltz

18. Funeral director Winfield, Md.
 Address

19. 5-19-48 S. Pearl
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11, 1948 at 6:00 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 11, 1948 to May 11, 1948
 and that I last saw him alive on May 11, 1948

Immediate cause of death Acute Embolism DURATION 2 min

Due to Pre partum delivery -
 Due to Labors

Other conditions
 (Include pregnancy within 8 months of death)

Major findings of operations
 Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide. Date of
 Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE C. M. Waltz M. D. or other
W. C. M. Waltz Address Winfield, Md. Date signed 5/11/48

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MAY 15 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05089

Reg. Dist. No. 191

1. PLACE OF DEATH:

County HowardCity or town RFD #2 Ellicott City
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County HowardCity or town RFD #2 Ellicott City
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION)

2.(a) If veteran, name war _____

3.(a) FULL NAME

Maie R. Krolus

3.(b) Social Security Number

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married6.(b) Name of husband or wife Harry H. Krolus7. Birth date of deceased (mo., day, yr.) September 17, 1892

6.(c) If alive, give age _____ years

8. AGE: Years 55 Months 7 Days 22 hrs. _____ min. _____9. Birthplace Baltimore Md.
(Town, county and state)10. Usual occupation Housewife

11. Industry or business

12. Name Paul Cisenhake13. Birthplace Germany14. Maiden name Emma Younger15. Birthplace Maryland16. Informant Harry H. KrolusAddress RFD #2 Ellicott City17. Burial Date thereof 5/12/48
(Burial, cremation or removal, whichever) (month) (day) (year)Cemetery or crematory WesternLocation Balt. Md.18. Funeral director William Cook Inc.Address 1217 St. Paul St.19. 5/11 19 48 D.W. Hedrick Registrar
(Date) (by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9 19 48 at 10 45 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

12/1 19 47 to 5/8 19 48and that I last saw him/her alive on May 9 19 48Immediate cause of death GeneralizedcarcinomatousDue to Carcinoma of cervix

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations Carcinoma cervix &metastasis Date of op. 12/7/47

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Theodore L. Gray MD. M. D. or other _____Address 2802 Harford Rd Date signed 5/10/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct use of this form is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05091

83a

Reg. Dist. No. 191

1. PLACE OF DEATH:

County HowardCity or town Ellicott City Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County HowardCity or town Ellicott City Rural
(If outside city or town limits, write RURAL and give nearest town)Street No. Rogers Ave.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Elsie Pearl Phelps

3. (b) Social Security Number

4. Sex

F

5. Color or race

W

6.(a) Single, married, widowed, or divorced

Single

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of

deceased (mo., day, yr.)

May 29 1892

8. AGE:

Years

Months

Days

If less than one day

65

11

25

hrs.

min.

9. Birthplace

Bethany Md

(Town, county, and state)

10. Usual occupation

At Home

11. Industry or business

FATHER

12. Name

George Oliver Phelps

13. Birthplace

Md

MOTHER

14. Maiden name

Annie V. Davis

15. Birthplace

Md

16. Informant

Violet Phelps

Address

Ellicott City, Md.

17.

Burial

(Burial, cremation, or removal. Which?)

Date thereof

May 27, 1948

(month) (day) (year)

Cemetery or crematory

Good Shepherd

Location

Ellicott City Md

18. Funeral director

F.C. Higinbotham

Address

Ellicott City Md.

19.

May 27, 1948
(Date rec'd by registrar)John B. Loughran
Reg. B. E. L. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 19 48 at 5.10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 1 19 47 to May 24 19 48
and that I last saw him alive on May 24 19 48

Immediate cause of death

Cerebral hemorrhage

DURATION

18 days

Due to

Hypertension

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed

RECEIVED

MAY 28 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05092

Reg. Dist. No. 191

1. PLACE OF DEATH:

County HowardCity or town Ellicott City
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County HowardCity or town Ellicott City
(If outside city or town limits, write RURAL and give nearest town)Street No. Ellicott St
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

Joanna Doing Reidy

3.(b) Social Security Number

4. Sex

F

5. Color or race

W

6.(a) Single, married, widowed, or divorced

Widow

6.(b) Name of husband or wife Daniel M. Reidy

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

Feb. 17, 1857

8. AGE:

Years

Months

Days

If less than one day

91

2

20

hrs.

min.

9. Birthplace Clyde, Ohio
(Town, county, and state)10. Usual occupation At Home

11. Industry or business

FATHER
MOTHER12. Name David Doing13. Birthplace R.I.14. Maiden name Sylvia Avery15. Birthplace Mass16. Informant Mrs. M. BrennanAddress Ellicott City, Md17. Removal for Burial
(Burial, cremation, or removal. Which?)Date thereof 5-10-48
(month) (day) (year)Cemetery or crematory ClydeLocation Clyde, Ohio18. Funeral director F. C. HiginbothamAddress Ellicott City, Md.19. May 7, 1948
(Date rec'd by registrar)John A. Loughran
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7, 1948 5-45A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 1, 1947 to 5-7-1948
and that I last saw him alive on 5-7-1948

Immediate cause of death

Arteriosclerotic Cardiac
Vascular disease

DURATION

One Month

Due to

Due to

Other conditions none

(Include pregnancy within 3 months of death)

Major findings of operations none

Date of op.

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

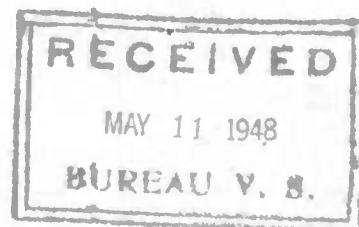
Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Mesose of injury Injured at work?

23. SIGNATURE George E. Bryant M.D. M.D. or otherAddress Ellicott City Md Date signed 5-7-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH:

County... Howard
 City or town... Ellicott City - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 weeks
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... Maryland County... Carroll
 City or town... Sykesville - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

MARY Elizabeth Shipley

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced MARRIED
 6. (b) Name of husband or wife Robert A. Shipley
 6. (c) If alive, give age 69 years
 7. Birth date of deceased (mo., day, yr.) Sept. 25, 1872
 8. AGE: Years 75 Months 8 Days 1 If less than one day _____ hrs. _____ min.

9. Birthplace Carroll Co. Md.
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name Not Known

13. Birthplace

14. Maiden name SARAH Hatfield15. Birthplace Md.16. Informant Mr. Robt. A. ShipleyAddress Sykesville, Md.17. BURIAL Date thereof 5-29-48
(Burial, cremation, or removal, which?) (month) (day) (year)Cemetery or crematory BrandenburgLocation Berrett, Carroll Co. Md.18. Funeral director C. M. WalzAddress Winfield, Md.19. May 24, 1948 John B. Longman
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY 26, 1948 at 10 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 25 May 1948 to 26 May 1948 and that I last saw him alive on 25 May 1948Immediate cause of death Cardiac failure DURATION 1 monthDue to Coronary & JuncusDue to Arteriosclerotic Cardio-Vascular Disease 10 years

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE William F. Tansley MDAddress Shed City, Md. Date signed 5-26-48

RECEIVED
MAY 28 1948
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

159

05094

195

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County.....
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?.....
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State..... County.....
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Kenneth Thomas

3. (b) Social Security Number

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

4. Sex M 5. Color or race Col. 6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife

6.(c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years Months Days If less than one day
 0 0 0 2 hrs. min.

9. Birthplace.....

10. Usual occupation.....

11. Industry or business.....

12. Name.....

13. Birthplace.....

14. Maiden name.....

15. Birthplace.....

16. Informant.....

Address.....

17. Burial, cremation, or removal. Which?.....

Date thereof.....

Cemetery or crematory.....

Location.....

18. Funeral director.....

Address.....

Date rec'd by registrar.....

19. Registrar.....

MEDICAL CERTIFICATION

20. DATE OF DEATH.....

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from.....

and that I last saw him alive on.....

Immediate cause of death.....

DURATION.....

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?.....

(City or town) (County) (State)

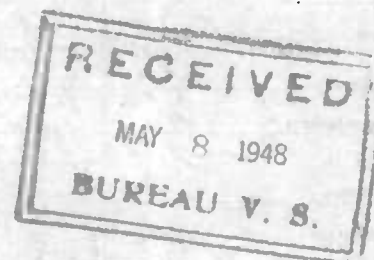
Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE.....

Address.....

Date signed.....



MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore
CERTIFICATE OF DEATH

05095

195

Reg. Dist. No.

1. PLACE OF DEATH:

County HowardCity or town North Laurel
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 30 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County HowardCity or town North Laurel
(If outside city or town limits, write RURAL and give nearest town)Street No. Laurel R. F. D.
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

Mary Maggie Waters

3. (b) Social Security Number

4. Sex Female5. Color or race Colored6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Thomas W. Waters7. Birth date of deceased (mo., day, yr.) Oct 18, 18796. (c) If alive, give age 74 years8. AGE: Years 68 Months 7 Days 9 hrs. min.9. Birthplace Rappahannock Va.
(Town, county, and state)10. Usual occupation House wife

11. Industry or business

12. Name Richard Washington13. Birthplace Virginia14. Maiden name Victoria Last name unknown15. Birthplace ?16. Informant Hattie BurleyAddress Laurel Md17. Burial Date thereof May 26, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Bacon's EstateLocation Anne Arundel Co near Laurel18. Funeral director Ridgely SelfAddress 401 West Ave Laurel Md.19. 5/25/48 19 Frank Shipley
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 19 48 at 5:10 A.M.21. I CERTIFY that death occurred on the data above stated; that I attended deceased from 4/27 19 48 to May 24 19 48and that I last saw her alive on May 22 19 48Immediate cause of death Gastric Neurosis

DURATION

Gastric carcinoma 2 d.Due to Gastric carcinoma 2 yrs

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. H. Warren MDAddress Laurel Date signed 5/25/48

RECEIVED

MAY 31 1948

BUREAU V. B.